

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE

JOSE HIRAM ANDRADES MALDONADO
XXX-XX-1706

DEBTOR

* CASE NO. 20-04827/EAG
*
*
* CHAPTER 13
*

DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J"
OFFICIAL FORM 106I & 106J

TO THE HONORABLE COURT:

COMES NOW, JOSE HIRAM ANDRADES MALDONADO, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The Debtor is hereby submitting ***Amended Schedules "I" and "J"***, dated January 10, 2023, herewith and attached to this motion.
2. The amendments to Schedules "I" and "J" are filed **to reflect Debtor's actual income and expenses**, in the above captioned case.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and to all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtor and to all creditors and interested parties appearing in the master address list (CM/ECF non-participants), hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 11th day of January, 2023.

/s/Roberto Figueroa Carrasquillo

USDC #203614

RFIGUEROA CARRASQUILLO LAW OFFICE PSC

ATTORNEY for the DEBTOR

PO BOX 186 CAGUAS PR 00726

TEL NO 787-744-7699/787-963-7699

Email: rfe@rfigueroalaw.com

Fill in this information to identify your case:

Debtor 1 JOSE HIRAM ANDRADES MALDONADO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN
DIVISION

Case number 3:20-bk-4827
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Fireman

Cuerpo de Bomberos de PR

PO Box 13325
San Juan, PR 00908-3325

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

How long employed there? 24 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 3,073.00 \$ N/A

3. +\$ 0.00 +\$ N/A

4. \$ 3,073.00 \$ N/A

Copy line 4 here

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|----|--------------------|-----------------------------------|
| 4. | \$ 3,073.00 | \$ N/A |

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
 5b. Mandatory contributions for retirement plans
 5c. Voluntary contributions for retirement plans
 5d. Required repayments of retirement fund loans
 5e. Insurance
 5f. Domestic support obligations
 5g. Union dues
 5h. Other deductions. Specify: **Fed FICA Med Hospital Ins/EE**

| | | |
|------|----------------------|---------------|
| 5a. | \$ 178.18 | \$ N/A |
| 5b. | \$ 0.00 | \$ N/A |
| 5c. | \$ 0.00 | \$ N/A |
| 5d. | \$ 0.00 | \$ N/A |
| 5e. | \$ 46.36 | \$ N/A |
| 5f. | \$ 0.00 | \$ N/A |
| 5g. | \$ 20.00 | \$ N/A |
| 5h.+ | \$ 44.56 + \$ | \$ N/A |
| | \$ 190.52 | \$ N/A |
| | \$ 261.20 | \$ N/A |
| | \$ 92.20 | \$ N/A |

Fed OASDI/Disability-EE**GPR Plan Aport Definidas****Ahorro AEELA**

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

| | | |
|----|------------------|---------------|
| 6. | \$ 833.02 | \$ N/A |
|----|------------------|---------------|

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

| | | |
|----|--------------------|---------------|
| 7. | \$ 2,239.98 | \$ N/A |
|----|--------------------|---------------|

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

| | | |
|-----|----------------|---------------|
| 8a. | \$ 0.00 | \$ N/A |
|-----|----------------|---------------|

- 8b. Interest and dividends

| | | |
|-----|----------------|---------------|
| 8b. | \$ 0.00 | \$ N/A |
|-----|----------------|---------------|

- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

| | | |
|-----|----------------|---------------|
| 8c. | \$ 0.00 | \$ N/A |
|-----|----------------|---------------|

- 8d. Unemployment compensation

| | | |
|-----|----------------|---------------|
| 8d. | \$ 0.00 | \$ N/A |
|-----|----------------|---------------|

- 8e. Social Security

| | | |
|-----|----------------|---------------|
| 8e. | \$ 0.00 | \$ N/A |
|-----|----------------|---------------|

- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify:

| | | |
|-----|----------------|---------------|
| 8f. | \$ 0.00 | \$ N/A |
|-----|----------------|---------------|

- 8g. Pension or retirement income

| | | |
|-----|----------------|---------------|
| 8g. | \$ 0.00 | \$ N/A |
|-----|----------------|---------------|

- 8h. Other monthly income. Specify: **Christmas Bonus \$600.00/12**

| | | |
|------|----------------------|---------------|
| 8h.+ | \$ 50.00 + \$ | \$ N/A |
|------|----------------------|---------------|

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

| | | |
|----|-----------------|---------------|
| 9. | \$ 50.00 | \$ N/A |
|----|-----------------|---------------|

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

| | |
|-----|---|
| 10. | \$ 2,289.98 + \$ N/A = \$ 2,289.98 |
|-----|---|

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify:

11. +\$ **0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ **2,289.98**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.☒ Yes. Explain:

The Debtor estimates that his d/b/a JH Transporte (school bus transportation services) will resume operations for the school semester commencing in August/2023; therefore the Debtor estimates that he will have an increase in the Debtor's household income, the Debtor to file amended Schedule I & J, accordingly.

Fill in this information to identify your case:

Debtor 1 JOSE HIRAM ANDRADES MALDONADO

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN
DIVISION

Case number 3:20-bk-4827
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 366.00

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

| | | |
|--|----------|--------------------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 40.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 20.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 60.00 |
| 6d. Other. Specify: Gas | 6d. \$ | 6.67 |
| 7. Food and housekeeping supplies | 7. \$ | 532.92 |
| 8. Childcare and children's education costs | 8. \$ | 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$ | 74.00 |
| 10. Personal care products and services | 10. \$ | 120.00 |
| 11. Medical and dental expenses | 11. \$ | 40.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ | 294.17 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 35.22 |
| 14. Charitable contributions and religious donations | 14. \$ | 40.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 0.00 |
| 15d. Other insurance. Specify: _____ | 15d. \$ | 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | | 16. \$ 0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: _____ | 17c. \$ | 0.00 |
| 17d. Other. Specify: _____ | 17d. \$ | 0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | | 18. \$ 0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | | 19. \$ 0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. Other: Specify: _____ | 21. +\$ | 0.00 |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 1,628.98 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 1,628.98 |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 2,289.98 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ | 1,628.98 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ | 661.00 |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input type="checkbox"/> No. | | |
| <input checked="" type="checkbox"/> Yes. Explain here: NONE | | |

Fill in this information to identify your case:

Debtor 1 JOSE HIRAM ANDRADES MALDONADO
First Name Middle Name Last Name
Debtor 2 _____
(Spouse if, filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION
Case number 3:20-bk-4827
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

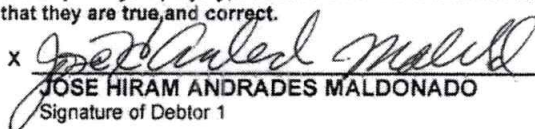
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x 
JOSE HIRAM ANDRADES MALDONADO
Signature of Debtor 1

x _____
Signature of Debtor 2

Date January 11, 2023

Date _____

Label Matrix for local noticing
0104-3
Case 20-04827-EAG13
District of Puerto Rico
Old San Juan
Tue Jan 10 14:03:30 AST 2023

BANCO POPULAR PR - SPECIAL LOANS
PO BOX 362708
SAN JUAN, PR 00936-2708

US Bankruptcy Court District of P.R.
Jose V Toledo Fed Bldg & US Courthouse
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

Banco Popular de Puerto Rico
Special Loans Department (749)
PO Box 362708
San Juan, PR 00936-2708

POPULAR AUTO
BANKRUPTCY DEPARTMENT
PO BOX 366818
SAN JUAN PUERTO RICO 00936-6818

Sistema de Retiro-Bomberos
PO Box 42003
San Juan, PR 00940-2203

Thd/Cbna
PO Box 6497
Sioux Falls, SD 57117-6497

MONSITA LECAROS ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

(p)ASOCIACION DE EMPLEADOS DEL ELA
ATTN IRITZA ORTIZ ECHEVARRIA
PO BOX 364508
SAN JUAN PR 00936-4508

(p)RODRIGUEZ FERNANDEZ LAW OFFICE LLC
ATTN ISLAND PORTFOLIO AS SERVICER OF FAIRWAY ACQUI
P O BOX 361110
SAN JUAN PR 00936-1110

Banco Popular de Puerto Rico
Mortgage Servicing Department
PO Box 362708
San Juan, PR 00936-2708

Citibank, N.A.
5800 S Corporate Pl
Sioux Falls, SD 57108-5027

(p)PORTFOLIO RECOVERY ASSOCIATES LLC
PO BOX 41067
NORFOLK VA 23541-1067

Synco/Sams Club DC
PO Box 965005
Orlando, FL 32896-5005

ALEJANDRO OLIVERAS RIVERA
ALEJANDRO OLIVERAS CHAPTER 13 TRUS
PO BOX 9024062
SAN JUAN, PR 00902-4062

ROBERTO FIGUEROA CARRASQUILLO
PO BOX 186
CAGUAS, PR 00726-0186

BANCO POPULAR DE PUERTO RICO
MARTINEZ & TORRES LAW OFFICES, P.S.C.
PO BOX 192938
SAN JUAN, PR 00919-3409

POPULAR AUTO
PO BOX 366818
SAN JUAN, PR 00936-6818

Banco Popular de Puerto Rico
PO BOX 192938
SAN JUAN, PR 00919-3409

Island Finance
PO Box 71504
San Juan, PR 00936-8604

SBA US Small Business Administration
PO Box 3918
Portland, OR 97208-3918

Synchrony Bank
c/o of PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

JOSE HIRAM ANDRADES MALDONADO
HC1 BOX 4496
NAGUABO, PR 00718-9527

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

AEELA
PO BOX 364508
SAN JUAN, PR 00936-4508

ISLAND PORTFOLIO SERVICES LLC AS SERVICER OF
PO BOX 361110
SAN JUAN, PR 00936

(d)AEELA
PO Box 364508
San Juan, PR 00936-4508

(d)Island Portfolio Services, LLC as servicer
PO BOX 361110
San Juan PR 00936

Portfolio Recovery Associates, LLC
POB 12914
Norfolk VA 23541

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)Popular Auto
PO Box 366818
San Juan, PR 00936-6818

| End of Label Matrix | |
|---------------------|----|
| Mailable recipients | 22 |
| Bypassed recipients | 1 |
| Total | 23 |